

## Center Staff Master List

**Director Name:** \_\_\_\_\_ **PV #** \_\_\_\_\_  
**Facility Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_  
**Facility Address:** \_\_\_\_\_

Where you have room fill in the required information, in its entirety, otherwise simply indicate with a check mark that you have on file, at the day care facility, the records indicated. (See codes at bottom of page for help.) Please attach employee cover sheets.

**Please Note:** If someone is not listed below, they will be taken off of the approved caregiver list.

Staff Name	Date of Birth	Role Type	ROI	HS	Td	MMR	CPR	FA	Training	Date of Hire
Mailing Address	SS#									Termination Date
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

**ROI** - Release of Information

**HS** - Health Statement

**MMR** - Measles Mumps Rubella

**Td** - Tetanus Diphtheria (w/in 10 years)

**CPR** - CPR Certification (current)

**FA** - First Aid Certification (current)

**Training** – Required annual training requirements completed